- The second sec	والمسترات والمستران والمستران المستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران	Harinia kathania natutihita 175 tilipasisimma athat ili kasara kathana taminimmentetti (1,55%).	
•			
DE LOE OF BIRTH			
ARIZONA STATE BOARD OF HEALTH			
1. County of		144	
District of	BUREAU OF VITAL STATISTICS	State Index No.	
Town of Manue of	RIGINAL CERTIFICATE OF BIRT	ν_{0}	
Or Local Registrar No.			
City of No. 35 Warran Canal St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child Olylo Cl	reg	{ If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other			
Mall in event of plural } 5. No.	in order of birth	of birth A. b. 13	
8. FATHER	14.	MOTHER	
Full name T	Full maiden	name ()	
Traine Trainero Il	<u> </u>	Concescion Honzally	
9. Residence (Usual place of abode)	15 Residence (Usual place	of abode) Mami, O	
If non-resident, give place and state.	2004. If non-resto	dent, give place and state. Ungous.	
10. Color or race	16 Color or ra	ace O . The second O	
Mad. II. Age at last birthda	v 27 (Years) M	17. Age at last birthday 17(Years)	
Aglie Ca			
12. Birthplace (city or place)	18. Birthplace	18. Birthplace (city or place)	
(State or country) (State or country).		intry).	
13. Occupation Laborer 19. Occupation			
Nature of industry		ndustry	
Mining I Housewife			
1 2 -	n alive and now living	21. Were precautions taken against oph- thaimia neonatorum?	
	born	yla	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* , 05			
I hereby certify that I attended the birth of this child, who was (Boyn alive or stillbyn.)			
*When there was no attending physician Signature Oyrl M. Grow M. W			
or midwife, then the lather, householder, etc., should make this return. A stillborn child is one that neither breather nor address.			
child is one that neither breathes nor shows other evidence of life after birth.			
Given name added from a supplemental report. Month, day, year Local Registrar.			
Filed / 19 County Registrar.			
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4-10	1-1065		
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order of birth scated.

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